

MEAL RESERVATION FORM

Concessionaire: IOWA MARKET, Paul Belden: 2473 160th Road, Guthrie Center, IA 50115

Phone: 641-747-8383 ext. 18 fax: 641-747-3951

ALL food arrangements are made under an agreement with a private concessionaire and the Iowa Department of Natural Resources. For special dietary requirements and menu selection questions, please contact the concessionaire.

No food or beverages may be brought in by the group. Snacks may be arranged through the concessionaire, and must be consumed in the dining hall.

Please complete the form below - start with the first meal or break you will have at the facility (break selections are optional). Add the time for that meal, the price of the meal you want, the number of people for the meal, then the total cost for the entire group. **A minimum of 20 is recommended for all meals.** If your group is less than 20, an additional charge will be assessed. **PLEASE SUBMIT an estimated number** for meals on this Meal Reservation Form as soon as possible. If your numbers change, **you may submit your final count in writing, at the latest, 1 week before your arrival date.** Your final count should be accurate - the concessionaire will prepare the number of meals you order and guarantee this is the number you will be charged for.

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**Please complete this form and return it with the Conservation Education Center's Reservation Form.
Your Meal Reservation Form will be forwarded to the concessionaire.**

Group Name: _____

Contact Person: _____

Phone #: (_____) _____

Age of the group's majority: (please circle one) Elementary Jr.-Sr. High College Adults

Facility Reservation: Arrival Date/Time _____ Departure Date/Time _____

MEALS/BREAKS	TIME REQUESTED	MEAL SELECTION		PRICE PER MEAL	# OF PEOPLE	TOTAL PRICE
		meal #	choices			
<u>DAY 1</u>						
Breakfast						
AM Break						
Lunch						
PM Break						
Dinner						
Evening Break						
<u>DAY 2</u>						
Breakfast						
AM Break						
Lunch						
PM Break						
Dinner						
Evening Break						

If additional days are needed please complete on back side of this sheet. Concessionaire will charge sales tax unless a tax exempt number is provided **prior** to the reservation date. Tax Exempt # _____, if applicable. Payment must be made to the concessionaire upon arrival at the Education Center unless prior arrangements have been made, otherwise, the overall bill will be subject to a late fee and finance charge.

Signature of Group Leader: _____ Date Signed: _____

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MEAL RESERVATION FORM cont'd

MEALS/BREAKS	TIME REQUESTED	MEAL SELECTION		PRICE PER MEAL	# OF PEOPLE	TOTAL PRICE
		meal #	choices			
<u>DAY 3</u>						
Breakfast						
AM Break						
Lunch						
PM Break						
Dinner						
Evening Break						
<u>DAY 4</u>						
Breakfast						
AM Break						
Lunch						
PM Break						
Dinner						
Evening Break						
<u>DAY 5</u>						
Breakfast						
AM Break						
Lunch						
PM Break						
Dinner						
Evening Break						
<u>DAY 6</u>						
Breakfast						
AM Break						
Lunch						
PM Break						
Dinner						
Evening Break						

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